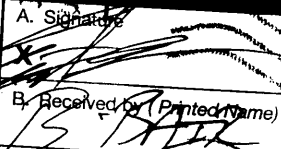


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature </p> <p>B. Received by (Printed Name) <u>ES. BIRK</u></p> <p>C. Date of Delivery <u>2005 JUN 3</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to: AMERICAN HOME PATIENT, INC. c/o Joseph F. Ferlong, III, President and CEO 5200 Maryland Way, Suite 400 Brentwood, Tennessee 37027		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) <u>7004 26</u>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
<u>54C</u> <u>05-1096</u>		<u>590 3906</u>	